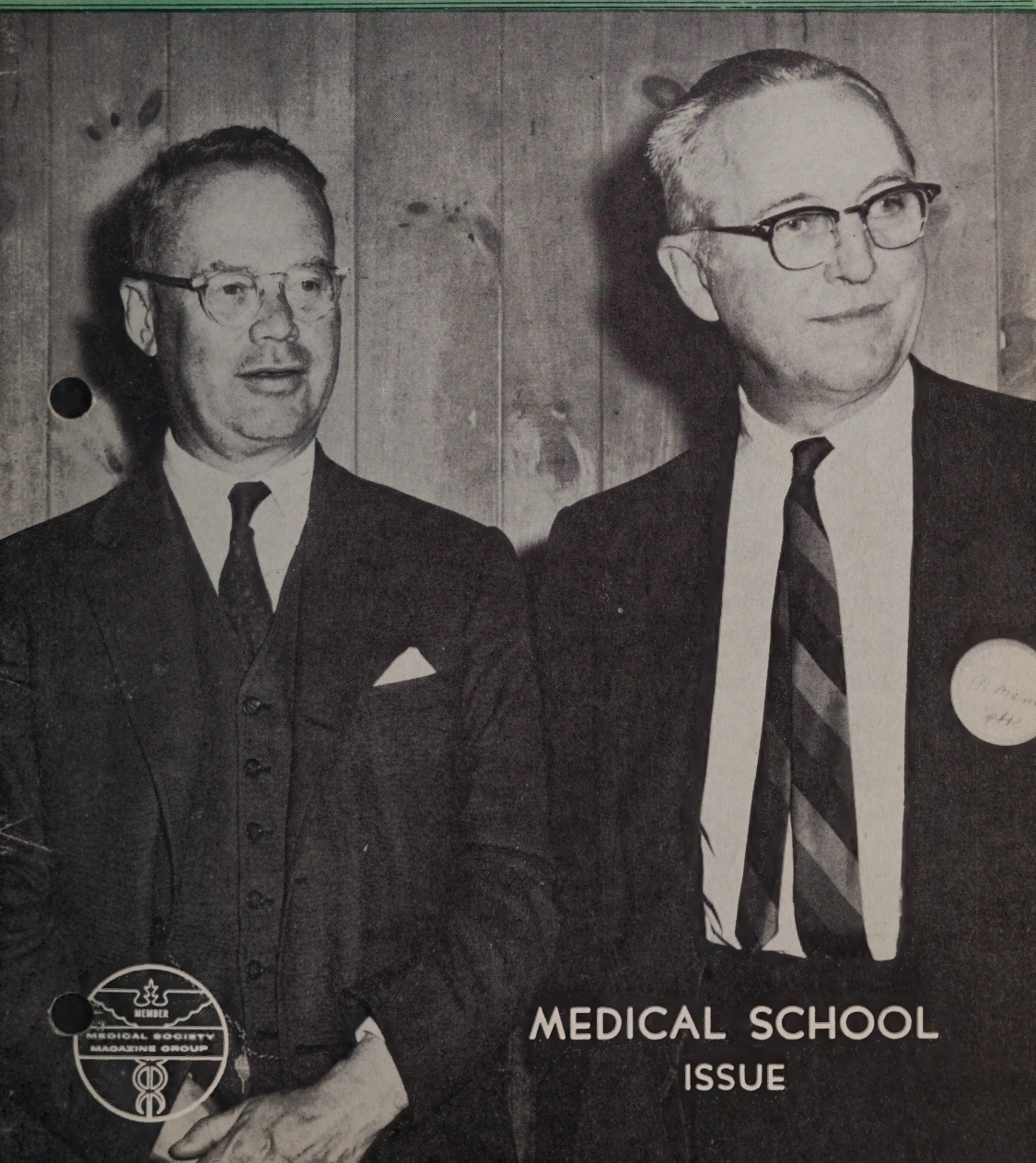
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XX MARCH, 1964 NO. 3



MEMBER MEDICAL SOCIETY MAGAZINE GROUP

MEDICAL SCHOOL ISSUE

Hampden District Medical Society

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, MARCH, 1964

THE NEW MEDICAL SCHOOL

by LAMAR SOUTTER, M.D., Dean

Medical School, University of Massachusetts

(Abstracted from an address delivered before the HDMS, February 4, 1964)

There are many problems attendant on starting a medical school and I thought that I might talk tonight a little about them.

What has been done at most of the new state medical schools was to consult with the Association of American Medical Colleges and obtain from them a team of people who visit the various prospective sites and make recommendation to the governing body of the university. Nearly all of the state universities, with the exception of Connecticut, have set up their schools, in recent years, on their own grounds. This is not necessarily a precedent, but this is what has happened elsewhere. Now, I don't know exactly how our trustees feel about the site for the new medical school, but I do know when this issue was discussed in the legislature there was such a strong difference of opinion that no medical-school bill would have passed had they left within it a designated site; therefore, it was excluded. Since I have accepted this job, we have had invitations from many different cities, and a great many individuals have offered us various pieces of property, mostly for sale rather than as a gift. All these sites must be visited and the persons who make these offers must be duly talked with before decisions are passed. The Association of American Medical Colleges, a year and a half ago, recommended four possible sites. They were:

(1) Amherst, (2) Springfield, (3) Worcester, and (4) Boston. As you see, at least one half of the sites are in the Western part of the state. When the location has been selected, we can then start collecting a faculty. You can't do this until you know exactly where the school is going to be located, because people are not so enthusiastic about teaching in a medical school that they will go just anywhere. They want to know the spot.

Organization: Step by Step

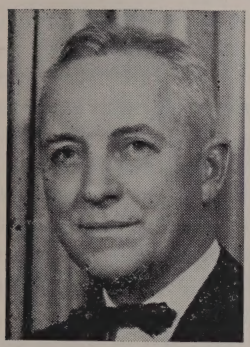
The first nucleus of faculty will share with the President of the University the responsibility of designing the buildings, and this is a very important function. This responsibility must be shared because I have yet to see a medical school building which in any way, shape or manner satisfies the entire faculty. Architects will have to be hired and it will take over two years from the time we hire them until we can possibly have the first class in the school. This gives you some idea of the time element. Now if you were going to build a school, how would you go about it? Probably the most important consideration is to have enough land for the school, dormitories, other facilities, and also for expansion. Very often a new medical school attracts a hospital, which might choose to set up next to the medical school. This is a very logical thing. Furthermore, I can't envision a State medical school that does not eventually become a State medical center. Those of you who are sensitive tax payers may shudder at this but we do need a dental school in this State even more than we need a medical school. The University of Massachusetts, as you know, already has a nursing school and it also has the elements of a school of public health. Whether the University will consider a pharmacy school or a school of veterinary medicine I do not know, but these things will take place over the next fifty years or so, and if we do not have enough land we will have planned very poorly.

The second consideration is: what area will prove most attractive to faculty? This, as mentioned earlier, is very important. I think that this area would be attractive to a faculty. I believe that most people would be glad to live in the greater Springfield area or anywhere in the valley here where it is so pleasant and where there are so many university and college activities going on.

The next consideration, of course, is hospital beds. Connecticut, for example, is building its own university hospital. A great many others did not start building their own hospitals but have ended up by so doing. New York University is a good example. Teaching is a little easier in hospitals where they have a more or less full time staff, and where you have a more intimate relationship between the pre-clinical and the clinical sciences than you can have in a private hospital. However, most medical schools make use also of the private hospitals within the area, but this does raise a problem, and a serious one at that, as to what is going to be the relationship between the staff of the existing hospitals and the newly established medical school. There have been a number of unfortunate relationships in which the medical school has attempted to dominate, or to take over, the private hospitals, and this has caused a great deal of friction and difficulty. I think that some of these problems have arisen either because the dean and his new faculty have not had much experience with the

(continued on page 14)

President's Page



It is with pardonable pride that we salute the Irish and their progeny in this area during the *Feast of St. Patrick.* Many's the extrasystole to be noted on cardiograms at this time of the year — not all of them organic nor due to overexertion after the parade. Thoughts of their land of origin can cause strange psychosomatic reactions.

With minor exceptions the imprint of the Irish on American medicine began in the twentieth century. Here in Massachusetts, probably more than in any other state, the influence of Irish culture has been interwoven into our way of life. This began in the eastern part and slowly but surely spread to its distant borders. In western Massachusetts, reference to Irish doctors began to appear about 1830—relatively recent when we consider Springfield was founded in 1630. A Dr. Charles E. Dennison, born in "Coks-heath", Donegal, educated in Dublin, began practice in Northampton about 1835. He was especially interested in caring for the aged invalid and established a home there for this purpose. Surely a precurser to our present specialty of geriatrics.

The first woman Irish graduate of a medical school in the United States —Woman's Medical College of Phildelphia—a widow at the time, shared her office at 124 Main Street, Springfield, with her physician son in 1876. Her name was Dr. Catherine (O'Leary) Kennedy, and she was born in Ireland. Her husband had been killed in the Civil War.

Probably the outstanding figure from our area still active is Dr. J. Englebert Dunphy, Professor of Surgery at the University of California School of Medicine in San Francisco. He was born and educated in Northampton. He was graduated from Holy Cross College in 1929 and Harvard Medical School four years later. When he was installed in 1963 as president of the American College of Surgeons, he became the only physician in American medical history to have held the four top positions respectively in the Society of University Surgeons, the American Surgical Association, the American College of Surgeons and the American Board of Surgery. He is an Honorary Fellow in the Association of Surgeons of Great Britain and Ireland.

There have been physicians of outstanding merit too numerous to mention spanning this gap between Drs. Dennison and Dunphy in western Massachusetts. At the present time the Hampden District lists over one hundred members whose geneology is traced to Ireland. May their virtues continue to enrich our culture!

Martin B. Murray, M. D.

EXECUTIVE COMMITTEE HIGHLIGHTS

The Executive Committee met on Feb. 14, 1964 at 8:00 P.M. in the Society office. Present were President Murray, Miner, Miller, Mills, Suzor, Griffin, Turner, Byrnes, and Memery.

Prior to the meeting Mr. Lessere answered questions regarding office overhead insurance and other forms of insurance to be offered Society members.

The minutes of the January Executive meeting were read and approved.

The report of the Health & Accident Insurance Committee was approved.

The Health Department of Agawam requested Society cooperation with an anti-smoking campaign. This was approved.

A request from the Mass. Medical Society to show an anti-smoking slide on TV stations was referred to Dr. Byrnes for action.

A letter from Atty. Pillsbury confirmed the belief that the Executive Committee had the authority to spend Society funds to improve Society headquarters without specific consent of the members of the Society under the present by-laws.

Dr. Howard Kennedy's request that the Society hold a meeting at Leeds Hospital was discussed. The Secretary will contact him to see if it would be feasible to meet there in the fall.

Dr. Byrnes gave an oral report on the polio immunization program. He was commended for the organizational excellence exhibited to date.

An informational report from the Insurance, Labor Relations Committee was read and approved.

Dr. Miller presented his Mental Health report which stressed physician representation at the trustee level. He charged President Murray with supporting his report at the next general meeting of the Mental Health group. The report was approved.

Dr. Miller was appointed chairman of a four man committee to be named the Medical Scholarship Committee to handle any funds derived from the Polio immunization program. It is to study the field most needing help including student nurses, resident physicians, lab technicians, etc. It was felt the only restrictions should be that money will be made available only to persons in the field of medicine and residents of Hampden District.

It was voted that Mr. Putnam of Channel 22 be sent a letter of commendation for his editorial on the abuse of tranquilizers recently presented over his station.

Dr. Wales asked for and received approval to pay the contractor's bill for the addition at Society headquarters. The treasurer was given approval to float a 90 day loan in the amount of $2,500, if necessary, to keep the Society solvent until our loan to the Polio program is returned.

Dr. Bandeian requested a sum of $200 or less to mail 500 reprints of religious issue of the Hampden Hippocrat to all clerics in Hampden District along with an invitation to attend the special Medico-Religious meeting in April. Approval was granted.

Harry N. Memery, M.D.
Secretary

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MILESTONES IN THE ESTABLISHMENT of the UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

1948 - Special commission established to study and investigate certain problems of professional education (medicine, law, dentistry, and pharmacy) at the University of Mass. when considering further expansion of the University.

1950 - The Committee on Education established to investigate and study certain problems of education in the Commonwealth made a similar recommendation as the preceding special commission.

1951 - Special Commission created, which became known later as the Mass. Medical - Dental Commission, to make a study relative to the establishment of medical and dental schools by the Commonwealth.

1952 - Mass. Medical-Dental Commission recommended that a State medical and dental school be established in the vicinity of Boston. Great local interest and effort extended in having Springfield selected as location. Implementing legislation defeated.

1954 - Mass. Medical-Dental Commission's recommendation that Mass. be authorized to participate with the other five New England states in the establishment of a New England Board of Higher Education enacted into law. The purpose of this regional proposal was to seek an alternative means of producing more doctors and dentists for the area. This regional compact, as required by federal constitutional provisions, was approved by the 83rd Congress of the U.S.

1955 - Final report and dissolution of the Mass. Medical-Dental Commission.

1957 - Regional medical-dental education plan under the New England Board of Higher Education adopted by Maine, New Hampshire, Vermont, and Mass. Legislatures. (Rhode Island entered in 1959.) Plan provided that each New England medical school was to receive $2,500/yr. for each student enrolled from each state in excess of the number enrolled from that state in 1956. Funds appropriated by all except New Hampshire.

1959 - New England Board of Higher Education revealed that the regional plan had not increased opportunities for New England students in New England medical

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schools to the extent anticipated except for the University of Vermont. Because of this and other reasons, the Board recommended that Mass. establish publicly supported medical and dental schools.

1960 - Concerted local support given to bill introduced into State Legislature by Rep. Philip A. Kimball for the establishment of a state medical school in the Springfield area.

1961 - New special commission established to study and make recommendations relative to the establishment of a State supported medical school.

1962 - Special commission recommended the establishment of a medical school under the auspices of the University of Mass. with location of said school to be determined by the University's Board of Trustees and legislation to that effect enacted with the funds appropriated for planning, Dean, and personnel.

1963 - Lamar Soutter, M.D., appointed Dean of University of Mass. Medical School on Dec. 23.

THE N.E.J.M. APPROVES

"Those who are guiding the first steps of the projected medical school of the University of Massachusetts have, after screening more than a hundred possible leaders, selected as dean the person most uniquely fitted for that post. Dr. Lamar Soutter would appeal to almost anyone aware of his qualifications as the logical choice; he has been agreed on; he has been invited and he has accepted.

"Those who know Dr. Soutter know also that he will accomplish his new mission to the best of anyone's ability; they must certainly congratulate the University on having secured his services."

N.E.J.M. Jan. 30, 1964

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HOSPITALS IN HAMPDEN

There are seventeen hospitals in the greater Hampden District area. The group includes eight general and nine special hospitals. A listing of these hospitals follows:

1. **Springfield Municipal Hospital,** Springfield — chronic disease hospital; 462 beds.

2. **The Springfield Hospital,** Springfield general hospital; 398 beds; approved for graduate training for rotating internship and residencies; has approved schools of nursing, x-ray technology, and medical technology.

3. **Wesson Memorial Hospital,** Springfield — general hospital; 243 beds; has approved school of x-ray technology; approved for graduate training for rotating internship.

4. **Mercy Hospital,** Springfield — general hospital; 337 beds, 50 newborn bassinets; has approved schools of nursing, anesthesiology, x-ray technology, and medical technology; approved for graduate training for rotating internship.

5. **Wesson Maternity Hospital,** Springfield — obstetrical hospital; 92 beds, 106 newborn bassinets; approved for graduate training for residencies.

6. **Shriners' Hospital for Crippled Children,** Springfield—orthopedic hospital; 60 beds; approved for graduate training for residencies.

7. **Providence Hospital,** Holyoke — general hospital; 222 beds, 60 newborn bassinets; approved for graduate training for rotating internship; has approved school of nursing.

8. **Holyoke Hospital,** Holyoke — general hospital; 212 beds; approved for graduate training for rotating internship and residencies.

9. **Noble Hospital,** Westfield — general hospital; 106 beds, 19 newborn bassinets.

10. **Wing Memorial Hospital,** Palmer — general hospital; 85 beds, 12 newborn bassinets.

11. **Cooley-Dickinson Hospital,** Northampton — general hospital; 220 beds, 25 newborn bassinets.

12. **Northampton State Hospital,** Northampton — state administered psychiatric hospital; 2,319 beds.

13. **Holyoke Soldiers' Home,** Holyoke —state administered veterans' hospital; 230 beds (includes 75 beds in dormitory).

14. **Western Massachusetts Hospital,** Westfield — state administered chronic disease hospital (tuberculosis, cancer, and chronic pulmonary diseases); 190 beds; has approved internship program for dentistry and approved school for practical nurses; approved for graduate training for residencies.

15. **Monson State Hospital,** Palmer — state administered chronic disease hospital (epilepsy); 1,630 beds.

16. **Veterans' Administration Hospital,** Northampton — federally administered veterans' psychiatric hospital; 1,105 beds (includes 194 medical and surgical beds).

17. **United States Air Force Hospital,** Westover Air Force Base — Air Force general hospital; 100 beds.

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NEW MEDICAL SCHOOLS IN THE MAKING

1. Brown University, Providence
2. University of New Mexico, Albuquerque
3. Rutgers University, New Brunswick, N.J.
4. University of Arizona, Tucson
5. University of California, San Diego
6. Mount Sinai Hospital, New York City
7. University of Texas, San Antonio
8. Michigan State University, East Lansing
9. University of Connecticut, Farmington
10. University of Massachusetts
11. Pennsylvania State University, University Park
12. State University of New York
13. University of Missouri, Kansas City
14. Norfolk, Va.
15. St. Vincent's Hospital, New York City
16. University of California, San Francisco or Sacramento

AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 19, 20 and 21. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

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QUESTIONNAIRE FOR MEDICAL SCHOOL

On February 14, Dr. Robert Emery, Chairman of the Medical School Committee, HDMS, mailed a questionnaire to every member of the Society. A copy of this questionnaire (it has the approval of Dean Lamar Soutter) appears below.

QUESTIONNAIRE FOR MEDICAL SCHOOL

NAME .....

DATE OF BIRTH .....

RESIDENCE ADDRESS .....

CITY .....

OFFICE ADDRESS .....

CITY .....

TYPE OF PRACTICE .....

1. In the past, have you had any teaching affiliations with a Medical School, hospital or institution? Yes.....No .....

2. If the answer to question #1 is yes
   a. Which Medical School were you affiliated with? .....
   b. Did you teach residents, interns, medical students? .....
   c. What subjects did you teach?.....
   .....
   d. What methods did you use in teaching? (Lectures, bedside teaching, ward rounds, didactic etc.) .....

3. How long did you teach? .....
   .....

4. At present, are you teaching? .....

5. If the answer to question #4 is yes
   a. Which Medical School are you affiliated with? .....
   b. Do you teach residents, interns, medical students, others? .....
   c. What subjects do you teach? .....
   .....
   d. What methods do you use in teaching? (Lectures, bedside teaching, ward rounds, didactic, etc.) .....
   .....

6. Would you be willing to teach if the University of Massachusetts Medical School were to be established in the Greater Springfield area? Yes.....No .....

7. If answer to question #6 is YES, what subjects would you be qualified to teach? .....
   .....

Signature.....

SPECIAL
MEDICO-RELIGIOUS PANEL DISCUSSION

TIME: Tuesday, April 7, 1964 — 8 P.M.

PLACE: W.A.R. Chapin Auditorium — Springfield Municipal Hospital

TOPIC: "Advising the Terminally Ill Patient and His Family."

SPONSOR: Medico-Religious Committee — H.D.M.S.

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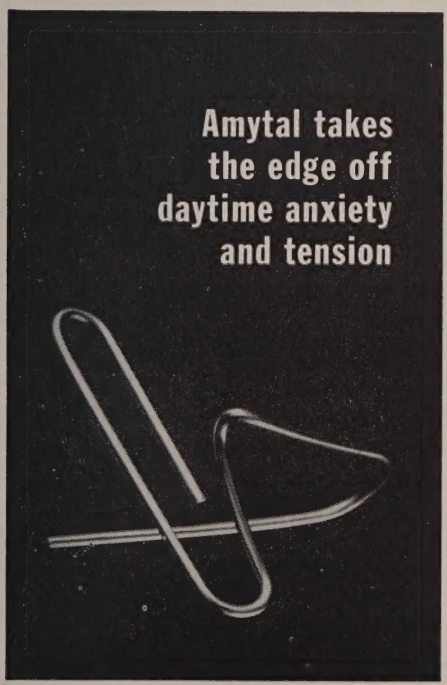

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MONEY AND MEDICAL SCHOOLS

(Conclusions of an 83-Page Report of the AMA's Council on Medical Education and Hospitals)

If medical schools are to fill their increasing national and community obligations, more money is needed. Many schools now need significant increases in funds for construction and operating budgets, even if the number of students is not increased. Large additional increments of funds are needed if expansion of existing schools and the institutions of new medical schools is to take place. These funds must be sought from all sources.

Not only must medical schools have funds that are adequate to enable them to carry out their responsibilities, but the funds must be available in such form that the school retains complete control of its educational policies. It is essential for the school to have such financial strength and leadership that it is able to institute desirable new programs, even if they cannot be supported by outside grants. Likewise, is must be financially able to reject grants that do not contribute to the attainment of its educational objectives. The school, and not the granting agencies, must have and exercise final determination of such fundamental matters as the proper balance among teaching, service and research functions, balance among basic and clinical science departments, and the kinds of special training and research programs the school will carry out.

In spite of other competing demands, state governments must supply much of the needed money. A few state governments now contribute almost nothing to the support of medical schools and many others, less than their share. The benefits of medical education have little relationship to geographic or political boundaries. If the individual states are to meet their responsibilities for medical education, most states must increase their expenditures. The total costs should be more equitably distributed among them. This report has documented a clear trend toward the likely alternative—the assumption of more and more responsibility and influence by the federal government.

Sound advancement in medical education seems dependent on the development of a diversity of stable sources of medical school support. Medicine has demonstrated ability to attract funds from voluntary donors. The medical profession, in association and as individual practitioners, teachers and citizens should accept responsibility for securing funds for medical schools from individuals, industry, voluntary agencies, and other private resources, including their own. The amount of medical school suport from non-governmental sources must grow in proportion to that from government sources. This can be accomplished only if the medical profession is determined that it will be done.

The medical school should not be expected to subsidize the cost of medical care of patients, nor to pay costs

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of research over and above that necessary for the education of their students. At present, a large portion of the schools' educational funds go to subsidize related research or service or both.

The problems of the group of "have not" medical schools demand special consideration, since they have long standing financial problems, so serious that their educational programs are being compromised. In fact, the very survival of several is in doubt. Much would be lost if while new schools were being developed, one or more existing schools had to close.

The federal government is becoming more and more deeply involved in all levels of medical education, primarily through its support of research and research training. The federal government provides such a large portion of the total support that medical schools cannot function at the present level without these funds.

While recognizing the forces which have led to the research programs of the federal government, the Council is deeply concerned with the disproportion in the availability of funds for research and research training as contrasted with the more limited amounts which can be used to support the basic educational program on which these related programs are absolutely dependent.

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EXPENDITURES OF MEDICAL SCHOOL FUNDS, by SOURCES OF INCOME, 1960-61*

		Millions
Research Grants (federal)	27.4%	118.7
Training Grants (federal)	9.8%	42.7
State and Regional Appropriations and Subsidies	15.6%	67.4
Research Grants (non-federal	11.2%	48.5
Overhead	4.3%	18.6
Training Grants (non-federal	1.3%	5.7
Endowment Income	4.2%	18.0
Tuition Fees	6.4%	27.8
Gifts and Grants	2.5%	10.8
Medical Services	2.8%	12.2
Teaching Hospitals and Clinics	4.6%	19.9
Other	9.9%	43.1
Total	100.0%	433.4

* From AMA's Council on Medical Education and Hospitals

Approximately 3500 additional M.D. graduates annually would be needed by 1975 or a total of 10,500 for all U.S. Medical Schools.

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DR. SOUTTER'S ADDRESS

(continued from page 2)

relationships, or else tried to be very heavy handed and domineering. Now, in Boston, I wouldn't say that everything was "milk and honey", but the relationships between the hospitals and the medical schools, and between the practicing physicians and the full time people, have been, for the most part, very good. I am certain that, should a school be established here, that similarly favorable relationships would exist on both sides and that effective teaching could be worked out. The most important thing that I will have to do in the coming months is to talk with hospital staffs about what they want, about what we want, and to see what sort of agreements we might work out.

Physician-School Relationship

What should be the relationships between doctors already in a city and a school that comes into it? The average size of a medical school is about one hundred students to a class. This is a pretty good size to work with in the beginning, but after we get going the chances are that the pressures will be great to increase the size of the school to the limit and that limit, I am sure, is no greater than 150 students. I would hope that if the school ever reaches the size of 150, and the State feels the need for more medical students, that another private or State school will be created, rather than to make this one a mammoth one. The number of faculty necessary is about 150 full time people as a nucleus. In addition to these, we need a large number of part-time or voluntary faculty in the clinical years. I have a very strong feeling that a practicing physician who is willing and anxious to teach and has some ability can teach better at the bedside than can most full time people. I hope that every physician who feels he may have a relationship with the medical school will come and talk with me and explain his views.

In the private hospitals used to teaching, the ones that I am used to, there have been three types of staffs: (1) the medical school staff, which is doing either part or full time teachin. (2) The staff which teaches occasionally, very often not paid a salary but consisting of doctors who enjoy teaching. And (3), those who don't care about teaching. They want to go on and take care of their patients and do what they have always done without participating in the teaching program.

I have a strong feeling that medical schools get better teaching when they pay people for the time put into it. A few years ago when the State Tuberculosis Association decided to put some money into the three Boston schools for teaching pulmonary diseases, every one of the instructors, instead of being on a voluntary basis, was paid for what he did; its effec-

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tiveness has been extraordinary. This, I think, proves the point very well. One of the things that is encouraging about the school is that our legislators have so far realized that they are going to have to put money into the school and they feel committed to making it a good school. This, I think, is going to be very helpful.

Student Economics

Fortunately we will not have the problems that the existing schools have with reference to the curriculum. It is very difficult to change a curriculum, but when we start with something new we can remedy some of the faults of existing medical schools. One thing that pleases me about the new school is that the legislature is quite concerned about the fact that many boys and girls who come from lower income groups, and who would like to go to medical school, simply can't afford it. It costs about $3,000 a year for a medical student to support himself, pay his tuition, etc. When I was at B.U. over 65% of the students worked during the school year, an average of 18 hours a week. Some of them were lucky enough to be married to wives who could support them, and this, of course, is the ideal state. Most of them, however, did not have that advantage. At the present time about 40% of the medical students come from the upper 8% of the population economically, and only 20% from the lower half. This is not democratic. Moreover, we are losing a number of people with able minds simply because of economic reasons.

G.P. Vs. The Specialist

I have been asked repeatedly whether we are going to see to it that our students all go into general practice, because many of the legislators feel that, if we have a State school, all they will have to do is pick up the phone and a doctor will immediately come rushing to their aid. My answer to this is that I do not believe it is fair to take a young man or woman and have them go through school and then insist that they go into a particular branch of medicine. They do not know what they will want to do. This they find out as they go through school, and at times not until their internship. I do think, however, that we should expose them to community medicine in a community hospital and make them thoroughly at home with what general practice has to offer. This is done at the University of Kansas, and at Wisconsin. It is something which is difficult to set up and to organize but it can be done, and I do feel that we should do our share to help with this problem. (Next page)

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I also think that the State School has some responsibility to the generalist, to improve his own practice by making it easier for him to practice effectively without some of the great strains that he is exposed to at the present time. I think that we must also take a major responsibility in graduate teaching, providing courses for the doctors mainly from this State, but also from elsewhere.

Questions and Answers

Q. "What can our District Society do by way of assisting in the establishment of a Medical School in this area?"

Dr. Soutter: "I think that you have already done a great deal. The most important thing is our sitting down and working out our relationships. I think that many schools got into trouble with hospitals because they didn't make definite arrangements ahead of time."

Q. "If Amherst is selected, would the proper clinical material be obtainable?"

A. "There are two ways how this can be done. One would be to set up a small teaching hospital in Amherst, and the other, would be to make very great use of the hospitals in Springfield, with the students being down here during their clinical years. This is something we'll have to explore, but eventually we would have to have have a hospital in Amherst. And it would not be the only one."

Q. "What is the target date for admission of the first class of students?"

A. "I can't answer that. I would like to think we might be able to start in the fall of '66. We certainly ought to be ready by the fall of '67 unless some major catastrophe overtakes us."

Q. "Do you envision an accelerated program on the 6 yr. college — medical school type such as Albany Medical School is starting?"

A. "Some of you are probably aware that I was the chairman of the committee at B.U. that worked on this problem. We came up with a 6 year program which is now working very well at B.U. It does necessitate, if you are going to do it, close relationships between the Medical School and the College of Liberal Arts at the University. Close physical proximity makes a great deal of difference."

"The doctor patient relationship is the heart of the art of the practice of medicine and all of its parts. Without it we are naught but clerks of a sort whom you see even more in socialized marts. So I pray to you all, save us from mort of our honored profession and its high veneration Individually perpetuate its stature forever by always respecting the doctor patient relation."

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A CASE FOR WESTERN MASS.

If Massachusetts were to start all over again in locating its four medical schools, would anyone recommend that all the four schools be established in the environs of Boston?

For valid historical reasons, Mass. now finds itself with three medical schools within Boston. And yet, to establish a fourth medical school in eastern Mass. would seem directly counter to efficient intra-state regional planning. A fourth medical school in eastern Mass. would only further aggravate the present maldistribution of medical teaching centers in the State both to the detriment of approximately half a million citizens of Mass. residing in the western "provinces" and also to the detriment of the continued healthy growth and development of the three medical schools in Boston.

Neither should fervency of civic boosterism and favoritism nor the ability of any Mass. community to support a medical school be considered the only basis for selecting a site for the new State medical school. There are other factors which are equally or more germane. Namely, a medical school not only produces physicians and medical scientists of various sorts, but it also promotes and carries on research and post-graduate educational programs thereby enriching the quantity and quality of medical service in the area where it is located. In the latter repect, since it is a statistical truism that one per thousand Americans is referred to a medical teaching center each month, then approximately 5,000 western Mass. residents must be making prolonged, inconvenient, tedious, and expensive trips to Boston, New York and even other further centers. Besides the aforesaid, there is an ever increasing educational trend toward integrating and cross-fertilizing all basic scientific disciplines and their curricula wherever and whenever possible.

With this in mind, western Mass. is in greater need of a State medical teaching center than eastern Mass. with its plethora of teaching centers. Moreover, western Mass. with its many and varied advantages and resources can more than adequately support such a teaching center. Lastly, with the parent university in the area, how better to integrate and thereby enrich all the curricula of undergraduate and postgraduate scientific education at the University of Massachusetts!

Above all, realistic discussions among all pertinent individuals, organizations, and institutions in the area not just lately but over the recent years have manifested such a positive desire and concern for such a teaching center in the western part of the State that the Medical School of the University of Mass. will not just *fare* but shall indeed prosper beyond its founders' visions. Ayres

NEW ACADEMY MEMBERS

Richard H. Butler, M.D., Wilbraham
John A. Larson, M.D., Springfield
Edward R. Levitz, M.D., Holyoke
Alan S. Peck, M.D., Springfield
C. Paul Nay, M.D., Springfield
Franco Navazio, M.D., Springfield

COVER: In the usual order: Dean Soutter and President Murray.

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COUNCIL MEETING HIGHLIGHTS

The meeting of the Council of the MMS was held on February 12, 1964. The following councilors from Hampden were in attendance: Drs. Baker, Barnes, Emery, Hayes, Johnson, Kennedy, Memery, Miller, Millman, Miner, Murray Palermo, Potsubay, Putnam, and Rini.

President Johnson presided in his usual precise and expeditious manner.

After the announcement of appointments (of special interest to Hampden was that of Dr. Howard Simpson as Director of the Boston Medical Library) and an agreement to suspend the rules to hear a resolution by Dr. Keenan, the Council began debate on whether its acceptance of an informational report represented endorsement of all its contents. It was felt that such was the case and that if total approval was not desirable, "no action" would be a more accurate course to follow.

The report of the *Executive Committee* was accepted as was also an interim report of the *Committee to Study Inequities of Assessments* of *District Medical Societies.* This report suggested that the fiscal year of District Societies conform to that of the MMS, namely January 1st to January 1st. The report of the N. E. States Medical Societies was deferred until printed. The report of the *Committee* on *State Legislation* was informational. Informational also was the report of the *Committee* on *National Legislation* which concluded with the suggestion "that some attempt should be made by Society officials to meet with state legislative leaders to ascertain what steps might be taken to remove Kerr-Mills Law implementation restrictions."

Report of the *Committee* on *Tax-Supported Medical Care* was then received. Its recommendations that the Veterans Administration schedule of fees be approved and that this is to take effect July 1, 1964, received the approval of the Council, 95 to 73. The committee's recommendation that the resolution from HDMS be postponed, is also approved. (This resolution calls for the dissemination of Kerr-Mills information to the public.) This was done because the Mass. General Hospital won its suit against the Commissioner of Public Welfare, rendering all present medical regulations null and void. If the Commissioner accepts the court's verdict without appeal, the Mass. Medical Society will appear at hearings which must be held to seek more equitable treatment for the medical profession.

Informational Reports

The informational report of the committees on *Publication, Medical Education, Finance, Society Headquarters, Medical Charges* to *Pooled Funds, Insurance Programs, Medical Service, Laboratories, Disaster Medical Care,* and *Delegates* to the *AMA* were accepted without debate.

Because of action taken by the Council at the meeting of October 9, 1963,

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The *Committee on By-Laws and Council Rules* recommended four changes in the By-Laws. These changes were approved. Final action will be taken by the Society at its annual meeting. The *Committee on Mental Health* brought in two recommendations, the first of which was referred back to the Committee for clarification. The second recommendation recommending that the "Solomon-Pina" Resolution be not adopted was tabled.

The extensive report of the *Committee* on *Pooled Funds,* although labeled informational was considered very controversial and was recommitted to the Committee.

Reappraisal of Committees

The *Committee to Reappraise* the *Status* of the *Current Committees,* in a preliminary report recommended the consolidation of the present committees into five Commissions with certain changes in committee nomenclature. The move to change the *Committee on Arrangements* to *Committee on Scientific Program of Annual Meeting* was rejected as was also the resolution to have a single committee for both State and National legislation. It was accepted that the *Committee on Medical Defense* become the *Committee on Professional Liability* and that the *Committee on Insurance Programs* become the *Committee on Members' Insurance Programs.* It was also accepted that one year following adoption of this table of reorganization a special committee would assess its efficacy and report to the Council. It was recommended also that a committee be formed to study the operations of State Committees elected by the Districts. The approved table of reorganization calls for (5) five commissions organized as follows:

MASSACHUSETTS MEDICAL COMMISSIONS AND COMMITTEES

I
ADMINISTRATION

1. Publications
2. Bylaws and Council Rules
3. Nominations
4. Finance
5. Blue Shield, Future Directors of
6. Headquarters
7. Membership

II

1. Medical Education
2. Individual Diseases
3. Scientific Program of Annual Meeting
4. Public Relations

III
PROFESSIONAL ENVIRONMENT

1. Ethics & Discipline
2. Medical Charges to Pooled Funds
3. Hospital Professional Relations
4. Professional Liability
5. Members Insurance Programs

IV
HEALTH RESOURCES

1. Public Health
2. Blood Banks
3. Disaster Medical Care
4. Mental Health
5. School Health
6. Occupational Health
7. Environmental Health
8. Traffic Accidents
9. Rehabilitation

V
SOCIO-ECONOMIC

1. Legislation
2. Tax-Supported
3. Benevolence
4. Medical Service

The *Committee on Redistricting* reported favorably on the creation of a new District to be known as the Middlesex Central District Society. Its recommendation, after much debate, was approved. It was pointed out,

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however, that such fragmentation was not desirable and that a much larger committee should be appointed to study the entire program of redistricting the State Society.

There was no action taken on the report of the *Committee on Reorganization of the Executive Branch of the MMS.* This committee had suggested the creation of a post of Chief Councilor who would cope with the parliamentary procedures of the Council, leaving the president free for other duties. It had suggested also that officers of the Society need not necessarily be councilors.

Blue Shield Fees

The *Committee to Consider Resolutions Regarding Blue Shield Fees* recommended the approval of the following resolution:

Resolved, that the Massachusetts Medical Society advise the Massachusetts Medical Service that the Society does not approve of the present practice of deducting 15% of a surgeon's fee to pay an operative assistant, and another 15% to pay a physician for postoperative care; that the Society recommends that a system of paying specific fees for each service rendered a surgical patient be instituted; and that such services which should be compensated for separately and individually would ordinarily include:

(1) Performing and recording a complete history and physical examination on admission to the hospital.
(2) Providing per diem preoperative visits in patients with diagnostic problems or complicated illnesses.
(3) Performing a specific operation and providing postoperative surgical care, which is the responsibility of the surgeon.
(4) Assisting with a surgical operation, the size of the fee to be relative to time involved on the part of the assistant rather than the type of operation.
(5) Rendering concomitant medical services during the post-operative phase of the illness, to be provided in complicated cases at the request of the attending surgeon.

This received the approval of Council. A resolution that the Mass. Medical Society carry out studies of prevailing fees was postponed as there were similar studies now in progress. Resolutions of the *Medico-Religious Committee* to implement their activities were passed. The resolution of W.

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Keenan that the Mass. Medical Society encourage the work of the laboratory self-improvement study, was passed without debate under suspension of rules.

A resolution introduced by Charles River and Essex South were referred to appropriate committees as was one by Dr. Pilcher, to *Blue Shield Committee.*

The meeting adjourned, 4:30 p.m.

Miller

Absorbine Jr.

ACADEMY

At the April 14 meeting of the Springfield Academy of Medicine, the speaker will be Dr. Francis D. Moore, Mosely Professor of Surgery, Harvard Medical School. His topic will be "Some Unusual Problems in Duodenal Ulcer." The clinical conference will be held at the Springfield Hospital at 5:00 p.m.

The Annual Meeting and Election of Officers of the Springfield Academy of Medicine will take place on May 12 at 8:30 p.m. A sound movie "Grand Rounds No. 11" entitled "Significant New Developments in Diabetes Management" will also be presented.

YOUR COMMITTEE OF CHOICE

For the third time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of our committees appears. Write down your first and second preference on a piece of paper, sign it and forward it to Dr. Harry Memery, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies only to committees appointed by the president.

Theodore A. Miner, M.D.,
President-elect

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AN EXCITING ADDRESS

Did you hear or read the inaugural address of Dr. Annis when he became President of the AMA?

It is hidden away on pages 103 and 104 of the July 13, 1963, J.A.M.A.

Dr. Annis's grasp of everything from history to philosophy to public speaking and writing is most impressive.

He reminds us of Lord Bolingbroke's remark: "Without health no pleasure can be tasted by men, without liberty no happiness can be enjoyed by society."

Rousseau is quoted in this way: "A country cannot subsist well without liberty, nor liberty without virtue." Dr. Annis discusses the specific "virtues" required to preserve liberty — the virtues which built our nation.

These virtues we are now tending to lose sight of.

"We might ask ourselves: Are we teaching these virtues? Are we living them? Are we by precept and example holding them up where our children can see them as an essential part of our American heritage? Or are we becoming dangerously enmeshed in such concepts as the public sector, group adjustment, economic security, and Big Brother government? Our American people would never give up their liberties except under some grand delusion that they were doing so for a rightful, humanitarian reason. The great danger is that freedom can be nibbled away, because each decision turned over to government is one less decision which may be made by th individual. . . .

"Many so-called or self-styled liberals, for example, might be wise to re-read the history and meaning of true liberalism. It might be well for them to listen to the words of a great, true American liberal, the late Justice Louis Brandeis who warned: 'The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well meaning but without understanding.'

"Some of our labor leaders would do well to listen to the words of Samuel Gompers, founder and President of the American Federation of Labor, who said: 'Look over all the world where you will and see those governments where the features of compulsory benevolence have been established and you will find the initiative taken from the hearts of the people'. . . .

"As citizens, we must think abou respect for the virtues and responsibilities that go along with freedom. Freedom is not a partisan matter. It is the concern of all of us. . . .

"Do we have the imagination, the sense of adventure, to restate that an American has the right to be himself?"

One last, long quotation:

"When those people, our own ancestors, came here searching for freedom and opportunity, the pressures against the individual were generated mainly by kings and emperors, autocrats and aristocrats.

"Today in America the threats are more subtle, more insidious. The pres-

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ures against freedom, the forces which would regulate us, tax us, and coddle us, come largely from a hybrid breed of bureaucrats, some politicians, some economists, some sociologists, some educators. Many of these persons are reaching back into the 19th century for those very schemes and controls from which our ancestors wanted to escape. Such people must be firmly resisted whenever their ideas would unjustly subordinate the individual to the group or to the state, whenever their proposals would stifle or distort American traditions and the American personality.

"From many of you I have been assured that the majority of physicians agree with this viewpoint. May we now pledge ourselves to work together to continue the fight harder than ever to preserve freedom in the practice of medicine.

"To the extent that we are successful in defending those principles which we know to be sound, right, and just for medicine — to that same degree we will as citizens contribute to the preservation of freedom throughout the entire pattern of American life. Determined in our course, with God's help, we shall succeed."

D. W. Williams

AUXILIARY NEWS

Tuesday, April 17, 1964

Annual Luncheon Meeting at 1:00 P.M.
Vincent's Hill House, West Springfield

Installation of officers.

Guest speaker and installing officer, Mrs. Eugene Holden, President of the Woman's Auxiliary to the MMS.

Chairman - Mrs. Eugene W. Beauchamp, Jr.

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POLIO PROGRAM PRESS CONFERENCE

At a 10:30 A.M. conference on February 19 in the Kimball Towers, Apremont Room, our President, Dr. Martin B. Murray, announced to assembled radio, television, and news men the Hampden District Medical Society's oral polio program which is to be conducted throughout the district in cooperation with the Massachusetts Department of Public Health and local boards of health. All those present received a kit of information on the Program.

Late the afternoon before word was received from the State Health Department that tri-valent vaccine would be made available for the Program. The district's communities will be *the first* in Massachusetts to use tri-valent vaccine in a mass immunization program. Only *two "drinks"*, 8 weeks apart, are necessary with the tri-valent vaccine. Thus, the May 3rd polio Sunday originally scheduled will not be needed and our Polio Sundays will be only two — April 5 and June 7.

Dr. Norman A. Pokorny, Polio Committee Chairman, pointed out that there would be clinics in each community on April 5 and June 7, these locations to be announced shortly. He added that a number of groups and agencies were cooperating in the Program.

Chairman of Public Relations, Dr. William Byrnes, said that there would be an intensive educational and public relations program throughout the district, particularly the ten days immediately prior to each polio Sunday. He stated that the Program's symbol would be "Wellbee", which was developed about 2 years ago by the U.S. Public Health Service as the symbol of good health. Wellbee is based on the world Health Organization's definition of health as — "state of complete physical, mental, and social well-being . . . ".

Also present at the conference and urging support of the Program by all residents of the district were Miss Jean MacNally, R.N. representing Dr. Lowell Bellin, Springfield Health Commissioner, Dr. Thomas Reilly, District Health Officer representing Dr. Jerome S. Peterson, Director of the Western Regional Office (Mass. Dept. of Public Health) and Mrs. Barbara Burke, R.N., Mass. Dept. of Public Health. The latter explained the Polio Program's relation to the Massachusetts Vaccination Assistance Program.

As April 5 approaches, we will see

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nd hear signs of the Program's progress — billboards along the road, window streamers, posters, radio and TV appearances, newspaper articles and so on. When you can, help Wellbee spread his word throughout the district.

Patricia Adams,
Program Coordinator, Oral Polio-Immunization Program

A QUOTE OF NOTE!

"From time to time you will hear alarmists and people who like to jump on their Government, people who like to criticize, people who find it quite impossible to be affirmative and constructive. They will join with some of our opponents and they will be almost as much of a problem as some of our other enemies. . . . The best way to treat them is just, 'God forgive them, for they know not what they do.'"

Pres. Johnson, Feb. 11, '64

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HAMPDEN CAPSULES

Beginning with the April issue, The Hippocrat will be delivered to your home instead of your office address. Reason: to afford all our Auxiliary members a chance to read The Hippocrat more regularly.

Mrs. Vivian Purdy, our Executive Secretary, is convalescing satisfactorily from recent surgery. Best wishes from all for a speedy recovery.

Congratulations are in order for Dr. Allen S. Johnson of Longmeadow who was appointed on February 27, 1964 by the Commonwealth's Governor and the Governor's Council to the Mass. Public Health Council.

Dr. Lamar Soutter, Dean, U. of M. Medical School, toured recently some of the hospitals in the Hampden area.

Anything on your mind? Share it with The Hippocrat.

COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 28

EXECUTIVE COMMITTEE MEETINGS, MARCH 17 and APRIL 21

MEDICO-RELIGIOUS MEETING, APRIL 7 (see page 11)

SPRINGFIELD ACADEMY OF MEDICINE, APRIL 14

AMA CONGRESS ON ENVIRONMENTAL HEALTH PROBLEMS, MAY 1-2, CHICAGO, ILL.

AMERICAN COLLEGE OF PHYSICIANS, ATLANTIC CITY, APRIL 6-10

M.M.S. ANNUAL MEETING, MAY 19-21

A.M.A. ANNUAL MEETING, SAN FRANCISCO, CAL., JUNE 21-25

INTERNATIONAL DIABETES FEDERATION, TORONTO, JULY 20-24

A.M.A. CLINICAL MEETING, MIAMI BEACH, NOV. 29-DEC. 2

YOUR PROFESSIONAL LIABILITY

Q—Is the consent of either parent sufficient to authorize an operation on a minor?

A—It is preferable to obtain the consent of the father, if possible. If the father is not available, the consent of the mother will ordinarily be sufficient. If the parents are divorced or separated, consent must be obtained from the parent who has legal custody of the child. If the child has reached the age of adolescent discretion, roughly from 15 to 20 years of age, it is advisable to obtain the consent of the minor as well.

Q—Does a wrong diagnosis necessarily render a doctor liable for damages?

A—No, not unless it is the result of negligence, and it is followed by improper treatment, to the injury of the patient. *Huttner v. MacKay,* 293P 2d 766.

Q — Is a physician required to treat a patient in a city other than the one in which he is first engaged by the patient?

A — A physician may limit his obligation to a patient by undertaking to treat the patient only for a certain ailment or injury at a certain place and at a specified time. When he so limits his employment the physician is not required to treat his patient at another place nor to follow the patient into another city. *McNamara v. Emmons,* 97 P. 2d 503.

Q—When will a physician or surgeon be held guilty of negligence in failing to take an x-ray as an aid in diagnosis or treatment?

A—If, under the evidence, it is shown that according to usual practice in his locality, the circumstances presented were such as to require the doctor, in the exercise of the skill and care with which he was charged, to resort to an x-ray examination. *Dietze v. King,* 184 F. Supp. 944.

Q—If a physician makes a diagnosis that a woman patient has a tumor, but upon operating discovers that she is pregnant, is his oral admission of a mistake sufficient, in itself, to establish negligence of the physician in his diagnosis?

A—Testimony of others reporting the admissions of the physician may constitute sufficient medical evidence to submit the question of negligence in diagnosis to the jury. In the absence of any expert testimony, the evidence was sufficient where the patient testified that the physician said, "I'm sorry, I should have made more tests on you," and where her husband testified that the physician said, "This is a terrible thing I have done; she did have signs of being pregnant; I should have had tests run again; I should have made some other tests; I'm sorry." *Greenwood v. Harris,* 362 P. 85.

Q—What should a physician tell the patient when he has found that another doctor has apparently caused an injury to the patient?

A—If, for example, the physician finds that a foreign body such as a sponge or an instrument has been left in the patient during surgery, or that the patient suffered an x-ray burn, he has no alternative but to inform the patient of his *medical* findings. A physician, however, should not attempt to evaluate the *legal* liability of his colleague with respect to the patient's injury; nor is the physician usually equipped by a knowledge either of the law or of the circumstances that were present at the time of the injury to determine fault or responsibility.

Q—Is a physician legally liable for resulting injury to a patient if he or his assistant fails to take an adequate number of x-rays for proper diagnosis?

A—Failure to take an adequate number of x-rays may amount to a lack of reasonable care and diligence in diagnosis, giving rise to liability for resulting injury, if good medical practice requires the taking of additional x-rays. For example, in a case involving a knee ailment, it has been held that two x-rays (one taken from the front, the other from the side) were required. *Olschefsky v. Fisher,* 123 So. 2d 751.

Q—Is it necessary to obtain the consent of a patient for the administration of an anesthetic?

A—Except in an emergency situation in which the necessity for express consent generally is eliminated, it is necessary to obtain consent to the administration of anesthetics.

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The American Medical Association will sponsor a national Congress on Environmental Health Problems May 1-2, 1964 in Chicago.

The Congress will deal with the physician's role in evaluating and preventing environmental health problems, with emphasis on air pollution, pesticide hazards, radiological hazards and water supply and pollution, said Dr. Raymond L. White, director of the AMA's Division of Environmental Medicine and Medical Services.

"Physicians in practice are dealing more and more with patients whose health problems may stem from some factor in their environment," Dr. White said.

The AMA recently organized a new Committee on Environmental Health, with Dr. James H. Sterner, Rochester, N.Y., as chairman, and the Congress will be held under auspices of the committee.

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